

SIPA Website Feedback Form

Anytime Updates - for completion by members			
<input type="checkbox"/> Suggestion for new content		<input type="checkbox"/> Change to existing content	
<i>List feedback here, attach additional pages if necessary. You may also attach a printed page from the website with the edits made directly to the printed page.</i>			
Member Signature:		Date:	

Semi-Annual Updates - for completion by Committee Chairs		
Committee: _____	<input type="checkbox"/> December Year: _____	<input type="checkbox"/> June Year: _____
<i>List feedback here, attach additional pages if necessary. You may also attach a printed page from the website with the edits made directly to the printed page.</i>		
<input type="checkbox"/> No Updates at this time		
Committee Chair Signature:		